



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

# Yersiniosis

County \_\_\_\_\_

**LHJ Use** ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use** ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply)  
☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know  
Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_  
Phone(s)/Email \_\_\_\_\_  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Gender ☐ F ☐ M ☐ Other ☐ Unk  
Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**  
☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: \_\_\_\_  
☐ ☐ ☐ ☐ Bloody diarrhea  
☐ ☐ ☐ ☐ **Abdominal cramps or pain**  
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): \_\_\_\_  
☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

**P N I O NT**  
☐ ☐ ☐ ☐ ☐ ***Y. enterocolitica* or *Y. pseudotuberculosis***  
culture (stool, urine, or normally sterile site)

### Predisposing Conditions

**Y N DK NA**  
☐ ☐ ☐ ☐ Abdominal or other GI surgery performed within  
last 30 days  
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease  
☐ ☐ ☐ ☐ Iron storage diseases (e.g. hemochromatosis)

### Clinical Findings

**Y N DK NA**  
☐ ☐ ☐ ☐ Reactive arthritis  
☐ ☐ ☐ ☐ **Sepsis syndrome**

### Hospitalization

**Y N DK NA**  
☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Y N DK NA**  
☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-10 -3

onset

Contagious period

weeks

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Dates/Locations: \_\_\_\_\_  
\_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with lab confirmed case  
☐ Casual ☐ Household ☐ Sexual  
☐ Needle use ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Contact with diapered/incontinent child or adult
- ☐ ☐ ☐ ☐ Chitterlings
- ☐ ☐ ☐ ☐ Chitterlings prepared in household
- ☐ ☐ ☐ ☐ Raw or rare pork or pork products
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants  
Restaurant name/location: \_\_\_\_\_  
\_\_\_\_\_

Y N DK NA

- ☐ ☐ ☐ ☐ Source of drinking water known  
☐ Individual well ☐ Shared well  
☐ Public water system ☐ Bottled water  
☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Exposure to pets  
Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere  
Pigs or swine ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Any medical or dental procedure
- ☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates)  
Date of receipt: \_\_/\_\_/\_\_
- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient,  
Date: \_\_/\_\_/\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member works at or attends childcare or preschool
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Exclude case from sensitive occupations (HCW, food, childcare) or situations (child care) until diarrhea ceases
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Follow-up of household members
- ☐ Investigation of raw milk dairy
- ☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_/\_\_/\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_/\_\_/\_\_